300 48	HIED SIND OF JOSE	E DIVISION OF HEA NDARD CERTIF			7537			
	BIRTH NO REG. D	IST. NO	PRIMARY REG. DIST. N	10. 4024 Registrar's No	22			
150	i. PLACE OF DEATH a. COUNTY Barry		2 USUAL RESIDE a. STATE Missou	NCE (Where decessed lived. If in	artitution: residence before admission)			
	b. CITY (If outside corporate limits, write RURAL and a OR TOWN Cassville	c. CITY (If outside corporate limits, write RURAL and give township) 0050 TOWN Cassville; Missouri						
	d. FULL NAME OF (If not in hospital or institution, git HOSPITAL OR INSTITUTION	ve street address or location)	d. STREET ADDRESS	(If rural, give location)				
	3. NAME OF a. (First) DECEASED (Type or Print) ISAC	b. (Middle)	c. (Last) ELLIS	4. DATE (Month) OF DEATH March	(Day) (Year) 15 (1950			
	5. SEX OLG COLOR OR RACE 7. MARR	IED, NEVER MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 2/18/1870	9. AGE (In years if UNDE last birthday) Months	2 J J J J J J J J J J J J J J J J J J J			
		D OF BUSINESS OR IN-	11. BIRTHPLACE (State of Stone Co		12. CITIZEN OF WHAT			
	13a. FATHER'S NAME James Ellis	3b. MOTHER'S MAIDEN Nancy Hil		14. NAME OF HUSBAND OR WI Sirah Eden Ell	· -			
į	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY UNKNOWN	17. INFORMANT'S	SIGNATURE OR NAME Ellis Cassvi	ADDRESS			
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, rise to the above cause (a) stating *Cic. It means the discase, injury, or complication. *It was the discase injury, or complication. *DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) *ANTECEDENT CAUSES *Aforbit conditions, if any, giving DUE TO (b) *It was the discase injury, or complication. *DUE TO (c)							
	tion which caused death. II. OTHER SIGNIFICANT CO. Conditions contributing to the related to the disease or conditi	death but not	The second secon		324X			
	19a. DATE OF OPERA- TION 19b: MAJOR FINDINGS OF O	 	oten rela	The second secon	20. AUTOPSY?			
	21a. ACCIDENT (Specify) 21b. PLACE (Specify) bome, farm, for	OFINJURY (e.g., in or about actory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TO	OWNSHIP) (COUNTY)	(STATE)			
	OF W	HILE AT NOT WHILE WORK	21f. HOW DID INJURY O	OCCUR?				
PLAINLY	22. I hereby certify that I attended the deceased from							
	23a. SIGNATURE The Salyer	(Degree or title)	23b. ADDRESS Cassvil	le mo	23c, DATE SIGNED 3/16/5-0			
	248. BURIAL CREMA- 24b. DATE TION REMOVAL (Speedly) BURIAL 3/17/1950	24c. NAME OF CEMETERY Masonic Cel		d. LOCATION (City, town, or could Crane, Missot				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Stace WC	lliams 0	25, FUNERAL DIRECTO	eral some as	sull Mr.			
ع		(Licensed Embalmer's St	stement on Reverse Side)					

RECEIVED MAR 20 1950 Sistrict Health Office " District File Number 350

FRE TT FIRST

STATEMENT	BY	LICENSED	EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
,	Student Embaimer No

working under my personal supervision.

Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.